RTO Student enrolment form

OFFICE USE ONLY RTO Student ID: ___

Student Name:

Section 1 – Course information

Course details							
Course code:							
Course title:							
Mode of delivery:	□ Face-to-face (classroom)	\Box Virtual class (or	nline)				
Delivery location:	Site:						
Physical address where the course is delivered from. Use	Address:						
RTO address for virtual class.	Suburb:	Post code:					
Training dates:	Commencement: Expected to finish:						
Is the course delivered under a Contract of Training (Apprenticeship or Traineeship)?							

Fees and	payments
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Please indicate who will be responsible for the payment of fees in relation to the course:						
□ Home school	Employer		Apprenticeship Network Provider			
□ Student/parent/guardian (st	udents primarily enrolled v	with the	school-based RTO only)			
Summary of fees						
Tuition fees:		Admii	nistration fees:			
Materials fees:		Other	fees:			
Security deposit (refundable):			Total fees:			
Details for invoicing						
Contact person:		Phone	e number:			
Organisation:		Addre	ss:			
ABN:		Purch	ase order:			

All fees are refundable if the course is cancelled by the training provider before commencement.

Where a course is cancelled after commencement, the training provider will retain only the percentage of the fees relative to the services already provided to students.

All tuition fees will be refunded for a student who withdraws from the course within four (4) weeks of the commencement date.

There will be no refunds for withdrawals after four (4) weeks of commencement.

Section 2 - Student information

Student details											
Please use the same names use	ed for you	ır Unique	e Student Io	lentifi	er (USI),	where app	olicable, ir	cluding mi	ddle nam	es.	
Family name (surname):											
First given name:											
Second given name (middle):											
Single name only:	🗆 Tick	this box	if you have	one r	name on	ly that can	not be wr	itten in the	format a	bove.	
Date of birth (dd/mm/yyyy):											
Gender:	🗆 Fen	nale] Male			□ Other			
Student USI (ten characters):											
Contact details:	Home	Home phone:									
	Work phone:										
	Mobile	e phone	*:								
	Email a	address	*.								
	Altern	ative en	nail addres	ss*:							
Address (physical address of	Proper	rty nam	e:								
usual residence, not post-office box nor temporary address you	Unit n	umber:				Street	number:				
use for training, work, or other purposes before returning to	Street	name:									
your home):	Subur	o:				State:		Postco	de:		
Postal address (if different	Proper	rty nam	e:								
from above):	Unit n	umber:				Street	number:				
	Street	name:									
	Suburk	o:				State:		Postco	de:		
	PO Box	k numbe	er:								
	Subur	D:				State:		Postco	de:		

* At least one email address or mobile phone number must be provided.

Residency
What is your residency status?
Australian citizen
Permanent resident
□ New Zealand citizen living in South Australia
□ VISA*, please specify:
* Please provide a coloured copy of your VISA with this application (if applicable).

Language and cultural diversity						
In which country you were born?						
□ Australia □ Other, please specify:						
Do you speak a language other than English at home?						
□ No, English only □ Yes, other (please specify):						
Are you of Aboriginal or Torres Strai	it Islander origin?					
□ No	□ Yes, Aboriginal		□ Yes, Torres Strait Islander			

your pathway to success

<form>De you consider yourself to have a disability, impairment, or long term controlProgProgIf you indicated the presence of a disability, impairment, or long term controlProgProgIf hearing/deafPhysicalIntellectuationIcarningAdaquire to trainingProgProgVisionAdaquire to trainingProgProgVisionProgProgProgVisionProgProgProgPar 10 or quivalentProgProgProgProg or quivale</form>	Disability								
the following list: □	Do you consider yourself to h	nave a c	lisability, impairme	ent, c	or long-term co	nditions?	` 🗆	Yes	🗆 No
□ Learning □ Mental illness □ Acquired brain impairwent □ Vision □ Medical condition □ Other Schooling □ Year 10 or equivalent □ Year 10 or equivalent □ Year 20 or equivalent □ Year 3 or below □ Never attended school What is your highest COMPLETED school = vera 8 or below □ Never attended school Never attended school Vear 20 or equivalent □ Year 3 or below □ Never attended school No Vear 9 or equivalent the level? □ Year 3 or below □ Never attended school No Please indicate the following: □ Year 3 or below No No School faronoment: School-based Apprenticeship/Traineship School faronoment: No School of enrolment: School faronoment: School faronoment: No If yes, select any applicable boxes: □ Certificate IV or advanced cip/Ior advanced									
Vision Image: Medical condition Other Schooling What is your highest COMPLETED school level? Image: Medical condition Image: Medical condition Image: Medical condition Image: Medical condition Image: Medical condition Image: Medical condition Image: Medical condition Image: Medical condition Image: Medical condition Image: Medical condition Image: Medical condition Image: Medical condition Image: Medical condition Image: Medical condition Image: Medical condition Image: Medical condition Image: Medical condition Image: Medical condition Image: Medical condition Image: Medical condition Image: Medical condition Image: Medical condition Image: Medical condition Image: Medical condition Image: Medical condition Image: Medical condition Image: Medical condition Image: Medical condition Image: Medical condition Image: Medical condition Image: Medical condition Image: Medical condition Image: Medical condition Image: Medical condition Image: Medical condition Image: Medical condition Image: Medical condition Image: Medical condition Image: Medical condition Image: Medical condition Image: Medical con	□ Hearing/deaf		Physical			🗆 Intellectu	al		
Schooling	□ Learning		□ Mental illness			□ Acquired	brair	n impairm	nent
What is your highest COMPLETED school level? Year 12 or equivalent Year 11 or equivalent Year 20 or equivalent Year 3 or equivalent Never attended school What year did your complete this level? Never attended school Yeas Yeas Never attended school Please indicate the following: Yeas Never attended school Yeas Never attended school School of enrolment: Stochool of enrolment: Stochool of enrolment: Stochool of enrolme encore Stochool of enrolment:<td>□ Vision</td><td></td><td>Medical condit</td><td>tion</td><td></td><td>□ Other</td><td></td><td></td><td></td>	□ Vision		Medical condit	tion		□ Other			
Year 12 or equivalent Year 11 or equivalent Year 3 or equivalent Year 3 or equivalent Never attends Year 9 or equivalent Year 8 or below Never attends Never attends What year did your complete this level? Yes Never attends Never attends Please indicate the following: Yes Never attends Never attends SACE Student FLO Student School >-besch Apprenticeship/Traineeship Never attends School of enrolment: Student SACE ID: Never attends Never attends Shace Student any applications boxes: Vers Never attends Never attends Yes Advanced diploma or associate diploma Never attends Never attends Gertificate III (or trade certificate III (or trade certificate) Other education (not listed above: Never attends Never attends Gertificate I Other education (not listed above: Never attends Never attends Never attends Gertificate III (or trade certificate) Other education (not listed above: Never attends Never attends	Schooling								
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What year did your complete this level? □ ves □ No Are you still enrolled in secondary or senior secondary □ Res □ No Please indicate the following: □ School based Apprenticeship/Traineeship □ School for noment: Student SACE ID: SACE Student □ FLO Student □ Student SACE ID: □ Ves □ No School of enrolment: Student SACE ID: □ Ves □ No Previous qualifications achieved □ Ves □ Ves □ No If yes, select any applicable boxes: □ Ves □ Ves □ No If yes, select any applicable boxes: □ Certificate IV (or advanced certificate/tectorician) □ Certificate III (or rade certificate) □ Certificate III (or rade certificate) □ Certificate III (or rade certificate) □ Certificate III (or trade certificate) □ Ves Ves Gertificate III (or trade certificate) □ Certificate III (or trade certificate) □ Ves Ves Ves If yes Self, employed - employing others □ Ves Ves Ves Ves If uentime employed - unpaid worked in a family busines □ Ves employed - veseking full-time work Ves Ves If on get a job	□ Year 12 or equivalent		□ Year 11 or equ	ivale	ent	□ Year 10 o	r equ	uivalent	
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Please indicate the following: □ FLO Student □ School-based Apprenticeship/Traineeship School of enrolment: Student SACE ID: Previous qualifications achieved Previous qualifications achieved Have you SUCCESSFULLY completed any of the qualifications listed in the next question? □ Yes □ No If yes, select any applicable boxes: □ Advanced diploma or associate degree □ Advanced diploma or associate degree □ Advanced diploma or associate degree □ Diploma (or associate diploma) □ Certificate IV (or advanced certificate/technician) □ Certificate II □ □ Certificate II (or trade certificate) □ Certificate II □ □ □ □ Certificate I □ Other education (not listed above) □ □ □ If the following categories, which BEST describes your □ Part-time employee □ □ □ □ full-time employee □ Part-time employee □ □ □ □ □ □ Self-employed – not employing others □ Self, employed – seeking full-time work □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ <t< td=""><td>What year did your complete</td><td>e this le</td><td>vel?</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	What year did your complete	e this le	vel?						
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□ Other reasons	□ For personal interest or se	lf-deve	lopment		To get skills for	community/	volur	ntary wor	k
	□ Other reasons								

Employment details						
Are you currently employed?	∃Yes □N	١o				
Employer name:						
Employer suburb:				Post Code:		
Medical and emergencies	1					
Do you have any known medical con	ditions whic	ch may	-			
Anaphylaxis / severe allergies			Seizures / epile			
Asthma			□ Other, please s	specify:		
□ Diabetes						
Emergency contact person:						
Emergency contact number:						
Relationship to you:						
For a student 18 years old or under,	the emerger	ncy cor	ntact person must k	be a parent or leg	gal guardian.	
Concession and benefits						
Are you a school card recipient?		🗆 Yes	s 🗆 No			
Are you in receipt of a concession be	ceipt of a concession benefit? Yes No					
□ Health care card	🗆 Veteran	ı's gold	card			
Pensioner concession card	□ Other, please specify:					
If yes, what is the expiry date?						
How did you hear about us?						
Of the following categories, which be	est describes	s how y	ou hear about this	course (select C	NE option only)?	
□ Website	□ TV			Employer		
□ Social media	🗌 Course g	guide		🗆 Industry net	works	
□ Newspaper	🗆 Expos/e	events		🗆 Email		
🗆 Radio	□ Flyers			\Box Word of mo	uth	
□ Other, please specify:						
Subsidised Training Places						
If you are an eligible student accessir place, you must provide the training	-		-		-	
1. A coloured copy of ONE of the b	elow docum	nents:				
Current driver's licence or learner's permit						
Current driver's licence or learn	Current proof of age card (issued by Service SA)					
	ed by Service	e SA)				
			idence of residenti	al address		
Current proof of age card (issue	conjunction vulued by your	with ev			sidential address if	
 Current proof of age card (issue) Current Australian passport in control Current school student card issuent is not identified in the school 	conjunction vulued by your	with ev			sidential address if	
 Current proof of age card (issue) Current Australian passport in control Current school student card issuent is not identified in the school 	conjunction v ued by your card	with ev			sidential address if	

Section 3 – Privacy notice

Why we collect your personal information

As a registered training organisation (RTO), we collect your personal information so we can process and manage your enrolment in a vocational education and training (VET) course with us. If personal information is not collected, we will not be able to enrol you in a VET course nor issue certification in relation to your training.

How we use your personal information

We use your personal information to enable us to deliver VET courses to you, and otherwise, as needed, to comply with our obligations as an RTO.

How we disclose your personal information

We are required by law, under the *National Vocational Education and Training Regulator Act 2011* (Cth) (NVETR Act), to disclose the personal information we collect about you to the National VET Data Collection kept by the National Centre for Vocational Education Research Ltd (NCVER). The NCVER is responsible for collecting, managing, analysing and communicating research and statistics about the Australian VET sector.

We are also authorised by law (under the NVETR Act) to disclose your personal information to the relevant state or territory training authority.

How the NCVER and other bodies handle your personal information

The NCVER will collect, hold, use and disclose your personal information in accordance with the law, including the *Privacy Act 1988* (Cth) (Privacy Act) and the NVETR Act. Your personal information may be used and disclosed by NCVER for purposes that include populating authenticated VET transcripts; administration of VET; facilitation of statistics and research relating to education, including surveys and data linkage; and understanding the VET market.

The NCVER is authorised to disclose information to the Australian Government Department of Education, Skills and Employment (DESE), Commonwealth authorities, State and Territory authorities (other than registered training organisations) that deal with matters relating to VET and VET regulators for the purposes of those bodies, including to enable:

- administration of VET, including program administration, regulation, monitoring and evaluation
- facilitation of statistics and research relating to education, including surveys and data linkage
- understanding how the VET market operates, for policy, workforce planning and consumer information.

The NCVER may also disclose personal information to persons engaged by NCVER to conduct research on NCVER's behalf.

The NCVER does not intend to disclose your personal information to any overseas recipients.

For more information about how the NCVER will handle your personal information please refer to the NCVER's Privacy Policy at www.ncver.edu.au/privacy.

If you would like to seek access to or correct your information, in the first instance, please contact your RTO using the contact details listed below.

DESE is authorised by law, including the Privacy Act and the NVETR Act, to collect, use and disclose your personal information to fulfil specified functions and activities. For more information about how the DESE will handle your personal information, please refer to the DESE VET Privacy Notice at https://www.dese.gov.au/national-vet-data/vet-privacy-notice.

<u>Surveys</u>

You may receive a student survey which may be run by a government department or an NCVER employee, agent, third-party contractor or another authorised agency. Please note you may opt out of the survey at the time of being contacted.

Contact information

At any time, you may contact staff in the RTO Office to:

- request access to your personal information
- correct your personal information
- make a complaint about how your personal information has been handled
- ask a question about this Privacy Notice

Heather Thomas RTO/VET and Innovative Programs Senior Leader

Phone: 8366 2869 email: rto@msc.sa.edu.au

 Georgina Moore RTO/VET Administration

 Phone: 8366 2852
 email: rto@msc.sa.edu.au

Section 4 – Student declaration

Student declaration

By signing this Student Enrolment Form, I declare that I was given clear and accurate information in written or electronic form about:

- The Vocational Education and Training (VET) course, including:
 - Code, title, and currency of the training product
 - Course duration, delivery location(s) and mode(s) of delivery
 - Units of competency, study load and expectations for completion
 - Entry requirements and conditions for enrolling into the course
 - Requirements for attendance and self-directed learning
 - Work placement requirements and arrangements
 - Assessment and re-assessment conditions
 - Any third-party delivery arrangements
- My rights in the receipt of services from the training provider, including:
 - Support services available to me and how to access these services
 - Procedures for lodging a complaint or to appeal a training provider decision
 - Consumer rights, including in relation to any applicable fees and refunds
 - Protection from bullying, harassment, and discrimination
 - Privacy and release of personal information
 - Recognition of current competency procedures
 - Changes that may affect the services provided
- My obligations in the receipt of services from the training provider, including:
 - Following the training provider policies and procedures
 - Participating in scheduled classes and undertaking self-directed learning activities
 - Maintaining a standard of behaviour that is consistent with the school environment
 - Completing activities and assessment tasks within assigned timeframes
 - Participation in the Unique Student Identifier (USI) scheme

I understand that the training provider is responsible for the quality of the training and assessment provided to me, in compliance with the Standards for Registered Training Organisations 2015, and for the issuance of the Australian Qualifications Framework (AQF) certification documentation.

I also acknowledge and agree that:

- The personal information collected in this Student Enrolment Form may be disclosed by the training
 provider for statistical, administrative, regulatory and for research purposes, and to inform my school of
 primary enrolment. I consent to the collection, use and storage of my personal information.
- I have been informed by the training provider, in written or electronic form, of any potential impacts on future entitlement to government subsidised training in relation to undertaking this course.

I declare that I honestly and accurately provided all information and evidence for the purposes of enrolment and eligibility and agree to the conditions of access determined through the upfront assessment of need.

I understand that by completing this application I am not guaranteed a place in the described course, and that the course may be cancelled due to an insufficient number of students.

Student name:		
Student signature:	Date:	

Parent / legal guardian declaration (if participant is under 18 years of age)

I declare that I have read and understood the information provided in this Student Enrolment Form, including the information in the Privacy Notice and Student Declaration.

As a parent / legal guardian, I give permission for the student to participate in the course outlined above and agree to the terms and conditions of delivery specified by the training provider prior to enrolment.

I further acknowledge and agree that the personal information collected in this Student Enrolment Form may be disclosed by the training provider for statistical, administrative, regulatory and research purposes, and to inform the student's school of primary enrolment.

Parent / guardian name:		
Parent / guardian signature:	Date:	

Section 5 – Office use only

ADMINISTRATION USE ONLY						
Payment of fees confirmed	🗆 Yes	🗆 No	🗆 n/a	Date:		
Identification documents c	ollected and verified?	🗆 Yes	🗆 No	🗆 n/a	Date:	
Participant agreement form collected and verified?			🗆 No	🗆 n/a	Date:	
Student data entered in Stela?			🗆 No		Date:	
Training profile on Skills and Employment Portal?			🗆 No	🗆 n/a	Date:	
Training account on Skills and Employment Portal?		🗆 Yes	🗆 No	🗆 n/a	Date:	
Training plan uploaded to A	ATLAS?	🗆 Yes	🗆 No	🗆 n/a	Date:	
Participant number:		School E	EDSAS ID	:		
State Student ID (Stela):		Student SACE ID:				
Training Account No:	Training Contract No:					
Will the student be accessing any subsidised Learner Support Services					🗆 Yes	🗆 No